DOCUMENT RESUME

ED 342 547 RC 018 499

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TITLE Alternative Service Delivery by Speech Language Hearing Professionals in Rural Schools: Classroom Based Interventions.
PUB DATE 18 Mar 91
NOTE 9p.; In: Reaching Our Potential: Rural Education in the 90's. Conference Proceedings, Rural Education Symposium (Nashville, TN, March 17-20, 1991); see RC 018 473.
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Academic Achievement; *Classroom Techniques; *Communication Disorders; *Counselor Teacher Cooperation; *Educational Cooperation; Elementary Secondary Education; Program Development; Program Implementation; Rural Schools; *Speech Therapy
IDENTIFIERS *Classroom Based Intervention

ABSTRACT

This paper describes an intervention model used by speech language pathologists (SLP) in rural schools. The model involves whole-class instruction for children with communication disorders. Whole-class instruction uses the curriculum content and expectations of children's regular classrooms for the content of speech language therapy. The SLPs assess children for language and speech disorders using traditional diagnostic tests and by observing students' interactions in the classroom. Consultation and collaboration of services between the SLP and the teacher is achieved as the SLP learned the curriculum and expectations of the classroom and developed class activities that will help children become more successful in the classroom. Any change in children's performance is measured by the SLP and the teacher. This model is suitable because the classroom allows children to communicate, and acquire and maintain new skills in a natural setting. In addition, therapy taking place in the classroom leads to a better chance of reaching the many students in need. This model increases the credibility of SLPs as an educational team member because the goal is the academic success of students. Seven consultation and collaboration models are described to illustrate approaches unique to the characteristics of students, schools, curriculum, and communities. These programs have been successful in incorporating the SLP as a critical member of the educational team and have demonstrated improvement of student dismissal rates when comparing these programs to traditional services. (LP)

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ED342547

ACRES PRESENTATION
Presenter: Judy K. Montgomery
Co-Presenter:
Day: March 18, 1991
Time: 10:30am - 12:00pm

Alternative Service Delivery by Speech Language Hearing Professionals in Rural Schools: Classroom Based Interventions

RC018499

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Alternative Service Delivery by Speech Language Hearing Professionals in Rural Schools: Classroom Based Interventions

Abstract: This presentation unites the latest research on collaboration/consultation models in service delivery with state of the art techniques and strategies for speech language and hearing professionals serving children with communication disorders. Speech language pathologists (SLP) are vital support personnel for the rural education system and often serve children with diverse communication needs. This session will address the role that the SLP plays in whole class instruction, increasing student literacy, and improving communication skills and overall academic performance.

"There is a revolution going on in special education." (Hoskins, 1990). It is a revolution of attitudes, expected outcomes, and finally service delivery. The speech language pathologist in rural schools is an integral part of the sweeping changes in both regular and special education moving across this nation. Since the publication of the Carnegie Commission's Education Report, A Nation At Risk, the citizens, the geopolitical system, and the education community has been seriously studying our approach to educating our most valuable resource, our children. A few years later, "Shared Responsibility", a controversial paper by then undersecretary of education Madeline Will challenged all of us in special education to explain why, after over a decade of federal law guaranteeing a free appropriate education for every child with special needs in this country, we were still unable to return large numbers of children to regular education. In fact, since public law 94-142 in 1975, it appeared we had "located and labeled" many more mildly handicapped children than ever before. These were children "pulled out" from the regular curriculum to receive "special services" that did not, in large measure, reverse their learning problems and permit them to rejoin their classmates in regular education.

Soon a new challenge was issued with a totally new focus and a startling call for action-- The Regular Education Initiative (REI). Dr. Will's document proposed the re-joining of regular and special education to assure that *all children* had equal access to the core curriculum, and the best chance to become a part of the mainstream of

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society.

Business and manufacturing leaders began to sense the shrinking pool of potential workers after the baby boom generation and its corresponding "boomlet". With a general workforce shortage for the 90's predicted, students today are acutely needed as the workers of tomorrow (Jarrett, 1989). Mildly handicapped children need to complete school in as normal a manner as possible and trained further by employers to assume the hundreds of thousands of jobs available in this country in manufacturing, skilled and unskilled labor, personal services, food production, farming, transportation, and office support.

"As regular education undergoes a reform that is being played out in every newspaper. special education is being asked to launch a similar reform in such areas as personal accountability, authentic assessment, active learning, functionally based outcomes, and literacy. Each discipline within special education is currently looking inward at its own body of knowledge and traditional service delivery to see what can be updated, modified, altered, or cast aside to allow room for a re-joining of all of the curriculum and all of our kids." (Montgomery, 1990).

One of the hallmarks of this re-joining process has been the development of new ways to deliver services to children with communication disorders, One of these is referred to as the consultation/collaboration model . In this model, SLPs assess children for language and speech disorders using traditional diagnostic tests and by observing their interaction in the classroom. Services to these children are planned around the curricular expectancies of that child's grade level and classroom. Content from the classroom is used for the basis of therapy, and the change in performance is measured by the clinician and the teacher. The school based SLP will provide collaborative services by "purposefully embedding child-initiated, needs based language into the child's world including the curricular environment, and the natural environments of home, school, and community. To accomplish this integration professionals will collaborate and consult." (Reid, 1990). SLP's must meet with teachers to learn the curriculum and expectancies of the classroom (consultation), to share the identified needs of the child (consultation), and to jointly arrive at a series of activities to make that child more successful in the classroom (collaboration). We have learned over the years that neither the teacher, nor the specialist , working alone with the communication disordered child can assure academic success. If the teacher alone could do it, there would be no need to refer children for additional services; if the specialist alone could do it , carryover to the classroom would be a common occurrence, instead of the child's usual struggle to generalize the new learning.

Possibly, the most exciting aspect of the new consultation/collaboration model of service delivery to speech language impaired children, is its emergence from within the profession of speech language pathology itself. Although the early impetus for change came from regular education (which responded to the public outcry for reform), the development of the SLP models for therapeutic intervention are coming from school based practitioners themselves (Bardzik, 1990; Eger, 1990; Fischer, 1989; Hoffman, 1990; Montgomery, 1990; Moore-Brown, 1989; Welsh, 1990). We are designing our own consultation/collaboration models, based on our own field's principles of remediation and communication development theory.

There are many compelling justifications for this new model in both urban and

rural settings. The SLP, often wrestling with the highest caseload in all of special education, has one of the most pressing needs to be successful with children who require services. The SLP often works alone, with the energy of many minds and alternative solutions. He/she often does his/her own assessment, determines eligibility by state criteria, designs the method of intervention, carries out the therapy, and measures the rate of change of the student. Only he./she is able to determine if the progress is sufficient to continue the current intervention or if another approach is necessary. Only the SLP can recognize the steps toward improved communicative competence, and many times these early steps are not reflected in the classroom. Therefore, although the SLP and the child may be working diligently on a series of objectives that will lead to an improvement in reading, for example, the teacher does not see the connection with the class activities and the child often has a separate set of drills or vocabulary to memorize or learn. This "parallel" curriculum is unnecessary in the new model, since content from the classroom serves as the content for therapy, or even more effectively, therapy occurs in the classroom with the assistance and modeling of the typical children. Field based investigators suggest that SLPs are embracing this model for these four reasons:

1. The classroom is the most natural context for the use of language. Children communicate there all day, every day. Any other setting is artificial or contrived compared to the classroom.
2. Carryover and generalization is the most difficult part of therapy, therefore the more therapy and remediation that can take place in the classroom the better for the acquisition and maintenance of the new skills.
3. We have a changing population of children in our schools today- greater needs, more cultural diversity, and more children at risk. We cannot serve them all, but if we are there in the classroom more of them will benefit from the activities we design for the eligible students.
4. Our employers are educators and will measure our success by our ability to enhance the academic success of our students. It is not enough to say that a child has improved on a language or speech test or protocol, they must be able to use that new skill to be more effective learners or we are not true members of the educational team. SLPs in other settings become members of their hospital teams or university teams, we must do the same to maintain our credibility in the educational system where we know we are needed.

Some of the current consultation/collaboration programs in use today for speech language hearing services in the schools are outline below. Each one is unique to the skills of the clinician, the needs of the child, the degree of organization of core curriculum in each school, and the political and social environment of each community. They also have several elements in common. All of the programs described here provide service in the natural environment of the classroom, reduce the amount of time the child spends out of class, blends objectives and content of the speech/language remediation with the class, and utilizes peer rewards and reinforcement. The programs have been in operation about 4 years, have special application in rural schools and with culturally diverse children, and the author has

worked closely in the development of each of them.

Samples of the New Models

Articulation therapy in the classroom: SLP clusters students with a variety of language learning disorders, and articulation carryover goals into a 6 th grade science class. The SLP co-teaches with the teacher three times a week alternately teaching the lesson, doing guided practice, working with target children in a small group, demonstrating graphic representations, mind mapping and predicting to assist special needs children to learn the material and practice their target phonemes in the regular class. Each child is scheduled for 90 minutes of therapy a week which is provided in the classroom.

Team Teaching/Remediation: SLP goes into the regular 10th grade US. History class one or two times a week for 42 minutes (length of high school period). SLP has 3 children with special needs in the classroom, and resource specialist has 4. Resource specialist alternates with SLP by going into the classroom every other week. These specialists outline the lecture on the chalkboard behind the teacher while he conducts class. All important points are underlined, new vocabulary spelled correctly, and sequence of main ideas maintained. Items for the weekly quizzes are starred by the teacher. The entire class may use the outline, however, it is specifically for the 7 identified students. Each child is scheduled for 80 minutes of therapy a week provided in the classroom. Goals and objectives are written to reflect sequencing skills, written language, main idea, and category organization skills using the history class content.

Three Week Pullout One Week In class Model : The SLP meets with the students on her caseload 3 weeks a month. The fourth week, she observes in every classroom where her children are, answering questions, assisting cooperative learning groups, correcting papers for the whole class (an excellent tool to determine how target children function), doing language enrichment activities for the core literature, and reminding children of their target sounds, or easy speech, or use of a full sentence by her mere presence . All children scheduled for speech and language services that week are credited with the time the SLP spends in their classroom (i.e. 4 children in a class the SLP visits for 30 minutes each are seen for 30 minutes that day.)

Core Literature Approach: The SLP meets with the primary teacher and determines what core literature books are being taught that year. They share their goals for the speech/language children on the SLP's caseload, and decide that the children will not miss any of the bonding activities for the core literature in the classroom. On those days the SLP will be in the room as an assistant and take two mixed groups of identified and non-identified children. The SLP will use the core literature book for all content for the student with multiple articulation disorders, and use the book and the workbook pages for the students with severe orientation, conceptual, and reading disorders. At least three of the activities carried out in the pull-out therapy program will be used in the classroom the following week assuring the

identified students' success in front of their peers. Students are scheduled to receive 60 minutes of therapy a week, in class and in pull out sessions. The teacher's aide will assist with the in-class practice if the SLP is unable to attend the class meeting due to unusual travel conditions, or a hastily called meeting in another part of the county.

Teacher Provided Content for Pullout Sessions: The SLP meets with the classroom teachers for 5 students who are in 8th grade math classes that meet at different times of the day. The teacher gives the SLP the lesson to be taught the following week, and the SLP pre-teaches the new vocabulary, the sequence words, the operational terms, and the question statements in all the word problems. Students are scheduled for therapy 60 minutes a week which utilizes either the math curriculum or the SLP's selected content for their goals.

Storytelling with Semantic Organizers: The SLP has three schools and visits one class a week to present a lesson on storytelling. She selects a folk tale or similar high interest/high action 5 minute story and tells it to the whole class. The students all practice good listening habits, oral comprehension, increasing auditory memory, and visualization. The SLP co-teaches the remainder of the session using quick draws, journal writing, semantic organizers, dictation or similar facilitating approaches to reinforce the story for all students. The ensuing discussion enables the SLP to tap each identified child's target behavior in a group setting. Frequently, she combines 2 or more classes to increase the number of speech/language students in the group. All students in the storytelling group are counted for therapy minutes for the whole session (typically 40 minutes).

Preschool/Parent Collaboration Model: The SLP enrolls 10 preschool children in a program to remediate severe language delays. The children attend with a parent or care provider for one 60 minute session per week in the group. The SLP conducts the session with parents as facilitators for their children for 15 minutes, then as observers, then as facilitators again. The preschoolers attend a Headstart preschool or a typical local preschool the rest of the week, and the SLP works with them and the preschool teacher another 30 minutes per week in the company of their nonhandicapped peers. The students receive 90 minutes of therapy a week, and the parents and teachers are collaborators with the SLP for all interventions.

Each of these models has been successful for the SLP with one or multiple schools in a large geographic area that includes considerable driving time and distance. In each case, the SLP became a critical member of the school team, learned the core curriculum of the grade level or subject area involved, wrote meaningful, easy to read and measure goals, and enjoyed a productive, satisfying year (Bardzik, 1990; Christensen & Luckett, 1990; Welsh, 1990). Student outcomes in these cases met or exceeded dismissal rates for students in the traditional service delivery models 11% vs. 12% (Montgomery, 1986, 86, 88, 89, 90). Additional comparative data is needed on this topic from other field based practitioners in culturally diverse rural and urban school settings.

The significant change in SLP service delivery in schools described above is a

strong indication that the communication disorders profession will meet the future with fresh new ideas and opportunities, hand in hand with our colleagues in regular education, to assure greater academic and personal achievement for children with communication disorders.

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